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SUSAN Y. SOONG
CLERK, US DISTRICT COURT
NO. DIST. OF CA.

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

SAN FRANCISCO DIVISION

UNITED STATES

    Plaintiff,

v.

ADAM SHAFI

    Defendant.

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CASE NO. 15-CR-00582-WHO-1

DECLARATION OF **JOAN D. CAIRNS, LMFT**

I, **JOAN D. CAIRNS** declare as follows:

1. I am the Behavioral Health Care Manager at Criminal Justice Mental Health, ("CJMH") employed by the County of Alameda in its Behavioral Health Care Services division("BHCS"). In that capacity, I am responsible for the day to day operations of CJMH, and oversee the provision of mental health services to inmates at both the Santa Rita Jail in Dublin ("SRJ") and the Glen Dyer Detention Facility in Oakland ("GDDF"). The statements in this Declaration are of my own personal knowledge, except for those matters stated on information and belief, which I believe to be true. If called as a witness, I could and would testify competently thereto.

2. I have worked for the CJMH for 2 years. I have held the position of Manager for 1 year, and have been working in the field of forensics for 25 years. My duties and responsibilities include the oversight and delivery of mental health care to the inmates at both SRJ and GDDF Jail.

3. CJMH uses a web-based program notes system called CliniciansGateway (CG) to maintain all records of client contact. CG incorporates assessment tools and forms that allow CJMH therapists to chart and assess inmates' mental health status, needs, and progress. All notes of interactions with inmates by CJMH are written in CG; it is the exclusive means of maintaining client records at CJMH.

4. The Assessment tool CJMH utilizes is a Standard Mental Status Evaluation ("MSE"). The MSE covers the following topics: Orientation, Cognition, Impulse Control, Mood and Affect, Thought

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1   Process and Thought Content, Suicide and Homicide Ideation, Substance Abuse and Mental Health

2   History. Included in the CG MSE note is a section where an inmate's charges are logged. Including the

3   criminal charges of the inmate is standard practice in charting in a forensic setting. A true and correct

4   copy of a blank MSE is attached hereto as Exhibit A.

5   5. On 12/31/2015, Dr. Said Shefayee, CJMH Psychiatrist and Pamela Neher, LCSW, CJMH

6   clinician went in tandem to do an mental health assessment, on inmate Adam Shafi. Mr. Shafi was

7   assessed by CJMH due to Mr. Shafi's high profile case, and having no criminal justice history. It is

8   routine for CJMH to do an assessment on these inmates, as they can be high risk for suicide; in cases

9   like this CJMH will reassess the inmate monthly. Dr. Sheyafee used the Standard MSE to evaluate Mr.

10   Shafi, and entered his notes into CG the same day. Pamela Neher also input notes regarding Mr. Shafi's

11   evaluation that same day.

12   6. I am informed and believe that Defendant Adam Shafi has alleged that CJMH asked

13   inappropriate questions related to his criminal case while delivering mental health services at GDDF.

14   7. I have reviewed the CG Program Notes relating to Mr. Shafi's treatment. There was nothing in

15   either Dr. Sefayee's or Pamela Neher's chart notes describing, commenting, or editorializing Mr. Shafi's

16   criminal charges.

17   8. Although CJMH therapists will inquire as to whether an inmate understands the charges being

18   brought against him or her, and if indicated, whether those charges affect the inmate's mental state, it is

19   not the practice of CJMH clinical staff to involve themselves in an inmate's criminal case. That is not

20   relevant to either the assessment or treatment of an inmate.

21   I declare under penalty of perjury under the laws of the state of California that the foregoing is

22   true and correct to the best of my knowledge and belief.

23   Executed this 28 day of January 2016 in Dublin, California.

24

25   /s/ _Joan Cairns, CMFT_
     Joan Cairns, LMFT
     Behavioral Health Care Manager
26   Alameda County Behavioral Health Care

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EXHIBIT A

United States of America v. Adam Shafi
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Adult Assessment – Criminal Justice Mental Health – Clinician's Gateway Version

The Criminal Justice Mental Health forms headers for Santa Rita Jail contain specialized fields:

- PFN # = Prison File Number
- SRMR # = Santa Rita Medical Record #
- Booking Name
- Time of Day seen by clinician
- Housing Unit

Service #: New   Title: Assessment (CJ)

Service date: [   ] 🗓

Client:	Number	Last Name	First Name
	75087772	TEST	CINDYTWO

Client opened: 2/1/2007   Closed: 9/6/2014

Util. review date::

Procedures: Select Procedure ▾

Client Plan due date::

KTA ELIGIBLE (Feb 13 2015)

Last assessment: 10/26/2012

Service Location: Select Location ▾

Med. Compliant: N/A ▾   Side Effects: N/A ▾

Emergency? ☐   Pregnant? ☐

Staff Time

Primary Clinician: 10904 - Peterson, Camille E ▾   Provider: 99995 - Short Term House ▾   Primary Total Time: 00:00

Add Additional Clinicians

Interactive Complexity: Not Present ▾

Current Dx

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress.

PFN #	ABC123	SRMR#	12-34-56-7

BOOKING NAME:
BookingLM, BookingFN

Primary FF Time	Time Of Day	Housed In	Date Of Birth
			02/02/1960

Services were provided in English ▾
by ☐ interpreter [   ] or ☐
clinician

	Episode Diagnosis Information			
Axis I	Axis II	Axis III	Axis IV	Axis V
296.60	V71.09	289.9	A	099

Assessment

CRIMINAL JUSTICE MENTAL HEALTH PROGRAM ASSESSMENT (331)

☐ County (82)   ☐ CDC (61)   ☐ Fed (44)   ☐ State Hospital

Race: Black   Sex: Female

CDC: _____

Location seen: ☐ ITR   ☐ Clinic   ☐ HU   ☐ Other _____

SECTION A

Incarcerated before? ○ No   ○ Yes   Where? (check all that apply)   ☐ SRJ   ☐ Other jail   ☐ Prison (name): _____

Current Psych Tx?   ○ No   ○ Yes   Psych meds in last 30 days?   ○ No   ○ Yes   **VETERAN?**   ○ No   ○ Yes

Name of medication	Dose	Last dose	Prescribed by (clinic/MD):
			Name/location of Pharmacy:

Recent inpatient   ○ No   ○ Yes   When/Where

Recent State Hospital   ○ No   ○ Yes   When/Where/Why

Current Outpatient   ○ No   ○ Yes   Last seen: Where: Case manager:

○ No   ○ Yes   **Females BIRTH within last year?** (see clinical guidelines)

○ No   ○ Yes   **Developmental Disability?** if yes ☐ suspected   ☐ confirmed (see clinical guidelines)

○ No   ○ Yes   **History of head trauma?**

○ No   ○ Yes   **Substance use within last 30 days?**

○ No   ○ Yes   **History of victimization?**   ☐ sexual   ☐ emotional   ☐ physical

○ No   ○ Yes   **History of Violence/Predatory behavior?**   Describe:

SECTION B	Arrest Date: [ ] 🗓	Release Date: [ ] 🗓	Charges: [ ]

1. Reason for Referral/Referral Source:

[ ]

2. Emotional Response to Incarceration: [ ]

3. History of Psychiatric Treatment (incl. prior psychotropic meds, dates, reason discontinued; psychiatric hospitalizations):

[ ]

4. Substance Use/Abuse History (type of substance, frequency, duration, treatment history, last use):

[ ]

5. Medical History (include current and past medical conditions; medications; head injuries, seizures, allergies):

[ ]

6. SUICIDE ASSESSMENT

SUICIDE IDEATION ○ Yes ○ No   If yes, describe:

PLAN? ○ Yes ○ No   If yes, describe:

HISTORY OF ATTEMPTS? ○ Yes ○ No   # OF ATTEMPTS?   IN-CUSTODY ATTEMPTS? ○ Yes ○ No

DATES OF ATTEMPTS & DESCRIPTIONS:

RISK FACTORS (see Clinical Guidelines and note each factor): [ ]

SECTION C	MENTAL STATUS EXAM

Observations (Orientation, Intellect, appearance, motor activity, speech, mood, affect, thought content, thought process, perceptions, insight, judgement, impulse control)

Other: race, sex, religion, culture, language, classification issues, etc.)

General Impressions

Plan: (Goals and Objectives)

Criteria for Treatment(check all that apply):

☐ 1. Medical Necessity/Diagnosis   ☐ 2. Medical Necessity/Functional Impairment   ☐ 3. Psychiatric History

☐ 4. Substance Abuse History   ☐ 5. Dangerous to Self or Others   ☐ 6. Continuity of Care

DIAGNOSES	DSM IV CODES	
Axis I		☐	Indicate primary and secondary diagnoses (1, 2)
Axis I		☐	
Axis I		☐	
Axis II		☐	

Axis III: Physical Disorders	Axis IV	Axis V	
	H		

Outcome: ◯ No return appt.   ◯ Reappointment   Date: ____ ▦ to see ____ in   ☐ Clinic ☐ HU # ____

Date: ____ ▦ to see ____ in   ☐ Clinic ☐ HU # ____

☐ Note is complete.

Cancel		Spell Check	Save as Pending	Save as Draft